



2002

ANNUAL REPORT

January – December 2002

CLARK COUNTY REGIONAL SUPPORT NETWORK

DEPARTMENT OF COMMUNITY SERVICES

Prepared by Clark County Regional Support Network

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EXECUTIVE SUMMARY

The Annual Report summarizes and highlights the key accomplishments achieved by the Clark County Mental Health System during calendar year 2002. The accomplishments for 2002 are shared by all of our mental health providers, consumers, family members, advocates, Mental Health Advisory Board, Quality Review Team, staffs and other governmental agencies. We will continue our effort to provide high quality mental health services through collaboration with our partners in the community.

In the spirit of openness and public accountability, the information in this report reflects our continued attempt to answer the following four questions:

1. Whom did we serve?
2. How did we serve them?
3. How did consumers feel about the care they received?
4. How much did we spend?

There is an overall trend across the country towards more outcome-oriented management processes and evidence based practices. The demand for outcome measures from State and Federal regulators will only increase in the future.

The Clark County Regional Support Network (CCRSN) is now in its ninth year of operation as a Pre-Paid Health Plan (PHP). Clark County Regional Support Network coordinates the publicly funded mental health services. Through contracts with local community mental health centers, they provide a full range of services including crisis, outpatient, residential and inpatient services, designed from a recovery-oriented perspective, to all eligible persons living in Clark County. The CCRSN monitors provider agencies' adherence to federal, state, and local regulations and requirements. A community Mental Health Advisory Board assists the RSN staff in defining the services and monitoring overall the quality. The Quality Review Team is a sub-committee of the Mental Health Advisory Board. One of the members of Mental Health Advisory Board is represented on the Quality Review Team.

The CCRSN has established full partnerships with consumers, families and providers to develop an accessible, flexible and comprehensive mental health system that supports recovery for all children, adults and older adults. We believe that quality is a measurable concept, tied to the effectiveness of services and the manner in which those services are provided. It is also our belief that change is inevitable and that improvement is a continuous process not simply a system of measurements. Simply stated, we wish to deliver the right treatment, at the right level of care, at the right time.

Our Mission and Vision for the Future

The mission of the Clark County Regional Support Network (CCRSN) is to promote mental health and ensure that residents of the Clark County Region, who experience a mental illness during their lifetime, receive treatment and services so that they can recover, achieve their personal goals and live, work, and participate in their community.

We will endeavor to continue to provide high quality services for consumers, and increasing value to the public through the following efforts:

- ☐ Enhance our participation in prevention and education efforts.
- ☐ Monitor and continue refinement of the new redesign of the children's mental health services that will increase children's crisis stabilization services, family participation and community support services through wrap-around services.
- ☐ Expand the options of available residential services to older adults with expectations to decrease their use of Western State Hospital through the implementation of the Expanded Community Services initiative.
- ☐ Continue to increase the number of Medicaid beneficiaries served.
- ☐ Increase rates of consumer satisfaction.
- ☐ Improve the coordination and collaboration of services among provider agencies and community partners.
- ☐ Implement enhanced performance measurement and quality improvement systems.
- ☐ Continue to increase the rate of employment for consumers in Clark County.
- ☐ Promote cultural competency and culture diversity in the creation and provision of mental health services.

Present System Overview and Major Accomplishments

According to the Census 2000, Clark County has experienced substantial growth in population and continues to be the fastest growing county in the State of Washington. A large part of this growth is newly arrived immigrants and other culturally diverse populations. The total service area is comprised of twenty-four zip codes with a County population of 345,238. Based on the general incidence of mental illness in both child and adult populations, we project that we will need to continue to increase our capacity to provide services to more and more individuals. At the same time the need to expand service capacity is occurring as the County has faced and will continue to face a constricted flow of revenue. The State of Washington is facing a significant budget crisis and a recent legislative report is challenging current state funding formulas. Each of these has and will continue to impact the level of financial resources available for our system. We strove to keep pace this past year with these challenges by:

- ☐ Expanding existing services in the school districts through a supplemental budget proviso note.
- ☐ Increasing the numbers of consumers served across all age groups. This is matched with generally an equal or greater number of service hours for most consumers.
- ☐ Increasing the number of Medicaid beneficiaries served as the number of Medicaid beneficiaries has increased.
- ☐ Serving Clark County ethnic minority groups at approximately equal to or above their prevalence in the general population.
- ☐ Decreasing the number of Community Hospital and Western State Hospital Admissions.
- ☐ Decreasing the trend in hospital Readmissions.

Fiscal year 2002 was a very active and challenging year for CCRSN. Many changes and improvements to the system occurred during the period of this report. Following are some of the more significant events.

- ☐ Standardization of contracts among our entire provider networks to provide clearer understanding of performance expectations from county, state, and federal government.
- ☐ The State of Washington Mental Health Division RSN/PHP Annual Medical Audit and Administrative Review for Fiscal Year 2001-2002, conducted over a three-month time frame, gave Clark County RSN full certification, with no findings. A number of “best practices” for our system were highlighted in the final report.

- ☐ Maintained the number of consumers served at 30 in the Program for Assertive Community Treatment (PACT), an evidence-based practice designed to divert patients from hospitalization.
- ☐ Development of the Community of Care Advisory Council as an infrastructure to sustain the work of the Children's Mental Health Initiative grant which is now in its fifth year of operation.
- ☐ Implementation of the Title IVE Project, a blended funding project utilizing funding sources from Clark County Regional Support Network and Division of Child & Family Services (DCFS). These services are designed to provide support to youth with serious emotional disabilities and who are in or at risk for out-of-home placement through DCFS.
- ☐ Successful training provided by the Community Empowerment Project with the goal of infusing the community with information and empowerment through the development of a systemized training curriculum for families and advocates in Clark County.
- ☐ Provision of services to 120 youth probationers with serious emotional disabilities through the Connections Project. This is a blended funding project utilizing 4 different funding streams: Clark County tax revenue, Juvenile Justice Funds, CCRSN, and Substance Abuse Mental Health Services Administration (SAMHSA) funds.
- ☐ Implementation of the Suicide Youth Prevention Plan.
- ☐ Implementation of an evidence-based practice, Functional Family Therapy, a family-based prevention and intervention program serving families with children on probation to the Juvenile Court.
- ☐ Continue to provide home based intensive crisis stabilization services for up to 90 days for children with short-term intervention needs which may include therapeutic foster care/respite alternatives.
- ☐ Lowest rate of hospitalization for children in the State of Washington as well as residential bed usage as reflected in the recently conducted Children's Mental Health Benchmarking Project through the Annie E. Casey Foundation.
- ☐ Awarded a 4-year, \$2.3 million grant for the Youth in Transition Grant from Substance Abuse Mental Health Services Administration (SAMHSA) that allows us to provide supports to youths facing transition from children to adult services.
- ☐ Training was provided to consumers, family members, and provider agencies on the Wraparound/Individualized and Tailored Care. This is an evidence-based practice by which a team of family members, friends and other people identified by the family as good supports, and professionals work together to identify and address the needs of the family.
- ☐ Provided full support to Consumer Voices Are Born (CVAB) to provide a drop-in center and warm line services.

- ❑ The Mental Health & Drug Courts continue to be CCRSN's key strength in diverting offenders with mental illness and/or substance abuse from our crowded jail. The Courts, which is another evidence-based practice, work closely together to address the prevalence of dual diagnosis offenders.
- ❑ Successful first year of operation of the DD/MH Crisis intervention team to enhance crisis stabilization services to consumers with developmental disabilities and mental health diagnosis.
- ❑ Successful community placement of four consumers through the Expanding Community Services program initiated as the result of the ward closures at Western State Hospital.
- ❑ Implementation of a cross-system Quality Improvement Plan that resulted in a decrease in the number of ITA detentions and an increase in the voluntary hospitalization rate.
- ❑ Establishment of the Recovery Vision Committee to work toward the implementation of the vision of recovery where supported education and employment are key components.
- ❑ Implementation of the Project for Assistance in Transition from Homelessness (PATH) at Mental Health Northwest to provide additional outreach and engagement services to the homeless population.
- ❑ Development of a monitoring tool for integration of clinical practice standards for cultural competence and related training.
- ❑ Increase in consumers and families participation at all levels of the decision making process.

INNOVATIVE PROJECTS UPDATE

In its continuous effort to unify the publicly funded mental health system and reduce service barriers through collaboration with other social service agencies and Department of Social and Health Services partners, the CCRSN continues to monitor and enhance the implementation of several innovative projects in public mental health in fiscal year 2002.

Children's System of Care



Utilizing the Children's Mental Health Initiative (CMHI) for basic infrastructure development, the Children's System of Care (CSOC) is now in its fifth year of operation. The mission of the Clark County System of Care as defined in the grant project remains "to effectively serve children and families whose complex needs transcend the scope of a single service system, and to enhance their ability to participate as full citizens in our community." As the project continues in its fifth year, the emphasis is on a strong implementation of the wrap-around model for the identified seriously emotionally disturbed children served by the mental health providers in our county. Additionally, the development of the infrastructure to sustain this work and extend the model to children and families experiencing less significant mental health issues is emerging as the next challenge. Sustainability is key to the success of this work and efforts are underway to create a non-profit foundation to assure the continuation of services to children and families. Key to this work is the involvement of the youth of our community who are currently involved in efforts to prevent youth suicides in our community.

During this past year, Clark County has continued to make progress toward achieving the goals outlined within the original grant proposal. While there have been no significant changes to the overall goals of the project, a reorganization has created new energy on the newly formed *Community of Care Advisory Council (COCAC)* and its subcommittees. Participation is up and families are engaged in work to address outreach to families. The data from the Portland State University (PSU) study continues to indicate positive feedback from families who have children being served in the System of Care.

The project successfully continues to include joint projects with the Juvenile Justice System and Child Welfare (Title IVE). Service provider's contracts reflect System of Care values and principles and adhere to the Individualized and Tailored Care (ITC)/Wraparound model and continue the Portland State University evaluation project. A four-school proviso project continues, using state mental health proviso dollars. The projects were designed to be:

- family-centered
- family-driven

- strength-based

Three full-time parent evaluators support parents in the System of Care and collect national and local research data. Contracts were continued this year with publicly funded children's mental health agencies. The parent evaluators receive additional support and supervision from the research staff at Portland State University.

Additionally, the following service-delivery refinements and additions continue:

- Flexible fund protocols in place with ongoing review.
- Parent partners continue to be hired to help new parents navigate the system.
- Family Resource Centers in the community provide information about service-delivery and free services and supports through parent partners.
- Family Forum on Respite Care has resulted in recommendations that will be forwarded to the COCAC in February 2003.
- Communities Partners have invited families to the table to problem solve issues that may stand in the way of their child and family's success.

Expanded efforts to develop sustainability for system of care projects and programs is at the forefront of the Resource Management Committee. The importance of Social Marketing in telling the System of Care story is being addressed, late in the development of the project. The success of positive youth development, intervention and prevention efforts that have been undertaken is a credit to the vision and hard work of the community. The Department of Community Services, originator of the grant request, strongly believes that the programs and initiatives created by the community working together collaboratively must continue. The community will benefit from these continued efforts to support children and families in Clark County.

Community Empowerment Project

The Community Empowerment Project successfully completed its first year of work in providing training, advocacy and technical support for parents with children experiencing emotional and behavior challenges. This family organization trains family members hired by local mental health providers as family supporters. During this fiscal year, the Community Empowerment Project has provided training to over 200 people on a variety of topics, such as Cross Agency System, Parent Empowerment, Individualized and Tailored Care, Individual Education Plan (IEP) Process, and Engaging Families. Training evaluations reveal consistently high levels of satisfaction averaging 97.95%. The goal is to infuse the community with information and empowerment through the development of a systemized training curriculum for families and advocates in Clark County.

Established in July of 2001, the Community Empowerment Project is dedicated to "*Strengthening Clark County – One Family At A Time.*" The project director is Mary Jadwisiak, former Mental Health Ombudsman and current member of the Board of Directors of the CSOC Policy Council.

Connections Project

Connections Project continues to provide services to approximately 100 youth probationers with behavioral health issues. Utilizing blended funding from the System of Care Mental Health Initiative, Juvenile Department general tax revenue, and mental health funds from the Clark County Regional Support Network, this project incorporates the wrap-around model to impact young people with a mental health diagnosis served by the Clark County Juvenile Court. A team of four staff members (Probation, Counselor, Probation Associate, Care Coordinator, and Family Specialist) works with each youth and their family. The goal is to stabilize the youth in the community by establishing effective community-based support systems that will serve youth court ordered supervision expires.

Title IV E Project

Developed in 2001, the Title IV E Project is a blended funding project designed to support a target population of approximately 45 children receiving DCFS services who are in or at risk for out-of-home placement and also eligible for public mental health services. In 2002, we welcomed two project coordinators, Kris Henriksen and Stacy Johnson who brought with them a wealth of experience working with children with complex needs. During this first year of operation, the project has served eight children in the child welfare system who have mental health needs. In March, the staff attended the *Foster Care Odyssey Conference* in Yakima, WA. The staff also worked diligently to put in place policies and procedures for the program, as well as creating a provider panel for services.

We continue to define a financial and programmatic partnership between the local Department of Children and Family Services (DCFS) Office and the Clark County RSN. The agreement between the two partners included provisions for shared funding, defining funding risk, and basic practice principles that will be followed in supporting the needs of children and their families.



School Based Mental Health Projects

School-based Projects continue to serve children with mental, emotional and/or behavioral challenges in the four public schools. The various school-based mental health projects are designed to equip families with problem solving strategies for helping their child function more effectively in school and at home. The school-based mental health projects include stationing clinicians at 57 different schools to provide support for children ranging in age from 5 to 20 and their families.

The focus has been on developing new programs within the context of local service systems and within schools, guaranteeing children and their families access to services that are integrated, planned across systems, and responsive to individual needs rather than categorical program requirements. Some of the core values used in the design of these services are using parents as partners and part of the employed team, individual care that is strengths based, with a holistic orientation, culturally competent, with community based interventions. We asked that all

projects incorporate best practices developing partnerships between providers, schools and families by incorporating parents into all aspects of program design and implementation.

The following projects have now been in operation since the beginning of the 2000 school year. Each of the projects supports the provision of community based wraparound services to any child who is involved in the project using an Individualized and Tailored Care (ITC) plan with attached budget for accessing flex funds. Each of the projects has a created pool of blended funding that can be accessed by the case manager/parent partner to pay for non-traditional services identified through the ITC plan. In addition, the Clark County RSN contracts with Portland State University to evaluate the program on an ongoing basis.

During the past year, the evaluation findings suggested that these projects have been successful in establishing good communication among individuals involved. The projects help to increase the amount and enhance the quality of contact between schools and families, and establish good service coordination as it relates to connecting families to other providers and community resources. These projects are meeting the needs of families. The strengths of the projects lies in their ability to provide key services in the locations that the families prefer, coordinate services for families across different providers and systems, provide unconditional help to families, and focus on strengths of the child and family.

One of the challenges has been the lack of resources in the community to support families and the limited flexible funds. Furthermore, there is the need to provide more training to the school staff about working with children with emotional and behavioral problems. Another challenge is the discrepancies that exist between the viewpoints of the education and mental health disciplines regarding how to most effectively work with families.

The Evergreen (Orchards) Project – Provides mental health services to the elementary level Behavior Disorder (BD) classrooms in the Evergreen School District. The project is currently located at Orchards Elementary Schools, Covington, Cascade and Wy-East Middle Schools, and Firgrove Alternative school. Target population is 43 children in a restricted self-contained classroom. The project staff consists of two teams from Columbia River Mental Health Services. Each team consists of a Peer Parent Supporter, a Family Resource Specialist, and one Child Intervention Specialist for both teams. The project staff also collaborates with three BD teachers and five teacher assistants. The project staffs continue to engage in a variety of community supports to participate as team members on family wraparounds.

The focus of project include the following: a) identification of children in the classroom that are most in need, b) establishment of strength-based inventory with family, c) establishment of ongoing communication with the school, and d) establishment of the need for useful interventions through clinical diagnosis.

The Vancouver School District – Mobile Intervention Team – Developed to serve a target population of children in the Vancouver School District who are on Individuated Educational Plans (IEP) and who are at risk for placement in a more restrictive setting. The team is comprised of a Behavioral Consultant (educator), two Staff Assistants, two Peer Parent Supporters and a School-Based Child Intervention Specialist (therapist). These team members focus on existing resources and promoting the use of non-traditional methods of intervention in order for the child to remain in the least restrictive environment. During fiscal year 2001, the

project referral process was enhanced and has been effective. The school psychologist/counselor refers the child directly to the Behavioral Consultant.

The Battleground Prevention Project – Created to serve two Battleground elementary schools: Captain Strong and Chief Umtuch. It began operation in March 2000 and targets children identified by school staff as being at-risk for more intensive services. The project is operated by Columbia River Mental Health Services.

The 4-Results Mentoring Project – This Proviso funded project was created to meet an unmet need for children aged 7 – 17 in Medicaid based mental health services in Clark County. The project is operated by Columbia River Mental Health Services (CRMHS). Many of these youth have families and ITC teams who have identified that the child would benefit greatly from a relationship with an adult who can provide him/her with individual time and attention and will help support critical social interactive and community skills.

The STAR Project – Developed at the beginning of the 2000-2001 academic year out of Burnt Bridge Creek Elementary School's involvement with the Beacon Program. The project team is consisted of a Parent Partner and a Child Intervention Specialist. The interventions provided include coordinated case management, mental health consultation to teachers and parents, mental health assessment with referrals, if needed, outreach services to link families to other community resources, in-home support by a Parent, self-help parent network, multi-family events, skill building groups, and Wraparound teams. The project is administered by the Children's Center.

Children's Mental Health System Redesign



Continued refinement of the new redesign of the Children's Mental Health System was a significant area of activity that occurred in 2002. During the calendar year 2001, the RSN worked with parents, providers, others in the community and outside consultants to redesign the system of services for children to ensure that children get quality services in a timely manner. Various elements of services that reflect the continuum of services: Universal, Targeted, Intensive, and MCAT were implemented. In July, we expanded service capacity at Family Solutions to provide services to the families.

The CCRSN could not sustain separate children's crisis system as originally planned in the new redesign of the Children's Mental Health System. The children mobile crisis team, known as Mobile Crisis Assignment Team (MCAT) formerly operated by PeaceHealth, was combined with the adult crisis team and now operates through a single organization, Columbia River Mental Health Services. Since MCAT was funded with CCRSN reserves/savings, based on the declining budget, we could not maintain a separate fully-functioning children's crisis system.

Universal Element:

- Designed as the primary form of mental health assistance purchased by the county for eligible consumers.

- These are services with brief to moderate duration, intensity and linkage with other systems. Their purpose is to address children's transient mental health needs and to assist families in recognizing, understanding and responding to these needs.
- Services in this element are mostly clinic-based brief therapy (6-12 sessions).
- Universal services can be accessed directly by phoning any of the following providers: Children's Center, Children's Home Society, and Columbia River Mental Health Services.

Targeted Element:

- Designed for children and families who needs cannot be effectively addressed through universal services.
- For eligible consumers who require services of moderate to high duration, intensity, linkage and flexibility in the time and location of service delivery.
- Services in this element are primarily community-based and family focused.
- Providers of targeted services are Children's Center, Children's Home Society, Columbia River Mental Health Services, and Family Solutions.

Intensive Element:

- Designed for children and families who require services of very high duration, intensity, linkage and flexibility and have experienced recent inpatient psychiatric treatment.
- These children are at risk for out of community placement, have severe behavioral disturbance, have moderate to severe functional impairment and require intensive multi-system involvement.
- These services include Wrap Around and Crisis Respite in addition to other more traditional types of services that are delivered in the community.
- Intensive services can be accessed only through a Children's Mobile Outreach Team assessment and recommendation.
- Provider of intensive services is Catholic Community Services.

Crisis Stabilization Services:

The Children's Crisis Stabilization Service is operated by Catholic Community Services. Its goal is to prevent unnecessary hospitalizations for children. Home and community based wrap-around services are provided to stabilize children and families. The team works to stabilize crisis within a 90-day period by partnering with the family. They also develop strengths and abilities and create community connections after the crisis has stabilized.

Children's Mobile Outreach Team (CMOT):

Effective July 2002, the CMOT is administered by Columbia River Mental Health Services and is responsible for providing a 24-hour crisis intervention and outreach program for Clark County children and adolescents (under age 18) and their families. The CMOT was designed to replace the children mobile crisis team, formerly known as Mobile Crisis Assignment Team (MCAT).

Youth in Transition Program

This year, Clark County Department of Community Services is one of the only five recipients in the nation to receive a grant from the new federal *Partnership for Youth in Transition Program*. This is a \$2.3 million grant for the period of four years that allow us to provide supports to youths facing transition to adulthood problems. The grant creates an opportunity for the

development of cooperative agreements to develop, implement, stabilize and document models of comprehensive programs to support transition to adulthood and independent living for youth with serious emotional disturbances and behavioral difficulties.

The main goal of this program is to begin to develop a bridge between children and adult services for youth. Youth between the age of 14 and 21 are eligible to enter the program and will continue to receive services up to age 25. The grant is involving the schools, mental health providers, and other agencies working together to address barriers for transition which include high school completion, post-secondary or vocational education, employment, independent living, social adjustment, and cultural competency just to name a few.

Program of Assertive Community Treatment

The Program for Assertive Community Treatment (PACT) continues to be one of the most successful adult programs of the CCRSN in diverting patients from hospitalization. The PACT program, the only program of its kind in the State of Washington, is now in its fifth year of operation. This evidence-based intensive case management program is now operated by Mental Health Northwest, which was once a part of PeaceHealth Behavioral Health until its separation in December of 2002. The program is designed to serve adult “high utilizers” of inpatient and/or acute care and/or emergency services.

Despite its success in diverting patients out of the hospital, the CCRSN had to reduce the number of consumers served in this program from 50 to 30 consumers as the result of the impact of budget reduction this year. In 2001, a program enhancement was made through the creation of the Forensic Unit within the PACT program. This was made possible through the grant award of 1.7 million dollars that the County received from SAMHSA (Substance Abuse and Mental Health Services Administration). Staff provides a 24-hour-a-day, seven-day-a-week, multidisciplinary approach to deliver comprehensive care to the PACT clients. In addition, Mental Health Northwest continues to manage payeeships and maintain three transitional apartments for persons enrolled in this program.

CO-OCCURRING DISORDER PROGRAMS

In calendar year 2002 Clark County had 332 admissions to co-occurring disorder programs. The 332 admissions comprise 17% of all county-funded admissions for outpatient services. Because individuals with a mental illness and a chemical dependency diagnosis require special staffing and programming modifications, 24% of alcohol & drug program county funding is needed to run the co-occurring disorder program.

Adult:

- 436 – Total unduplicated co-occurring disorder assessments
- 332 – Total unduplicated co-occurring disorder admissions
- 352 – Total co-occurring disorder clients served

Youth:

- 74 – Total unduplicated co-occurring disorder assessments
- 44 – Total unduplicated co-occurring disorder admissions
- 67 – Total co-occurring disorder clients served



HIV/AIDS Case Management Program

The HIV/AIDS Case Management Program started in 2000 as a result of the collaborative effort between the Health District and an Alcohol and Drug Co-occurring Disorder program provider. The program currently provides case management, intensive case management services, and mental health counseling for 157 clients living with HIV and AIDS. Many of the individuals served in this program are multisystemic clients who are in need of two or more of the following: alcohol & drug treatment, housing, Community Corrections, DOC State Corrections, and mental health services. The program staff consists of three case managers and a program assistant.

Methadone Detoxification Program

This is a special short-term methadone detoxification program that was established for Clark County RSN at CODA, Inc. in Portland. It is a stabilization program that serves 6-10 people at any one time for up to 180 days. In addition to the number of mentally ill clients who require long-term maintenance methadone services, a number of RSN consumers need methadone services on a shorter-term basis. Columbia River Mental Health Crisis Services Medical Director and the Medical Director at CODA have developed this program specifically for Clark County to meet this special group's needs. Clark County also contracts with CODA to provide four openings for people living with HIV/AIDS and needing methadone services.

Janus Youth/Daybreak Treatment Facility - Vancouver

Daybreak Vancouver is a 16 bed Level II Youth Intensive Residential Treatment Facility at the Oak Grove site. The facility serves male adolescents ages 12-18. Youth served meet the criteria for being chemically dependent with the symptoms of a mental health diagnosis (or potential diagnosis) requiring concurrent management, with the treatment of addictions (e.g. attention deficit-hyperactivity, prior trauma due to emotional, physical and/or sexual abuse. In addition, these youth may present a major risk of danger to the client and/or others, and high risk not to complete substance abuse treatment. During the past fiscal year the Daybreak treatment facility has served 144 youth.

New Hope/Columbia River Mental Health Services

Columbia River Mental Health Services provides services to adults with co-occurring psychiatric and substance abuse disorders. Two programs at CRMH are especially designed to provide clients with best practices outpatient treatment. *New Hope* is a psychoactive substance (PAS) abuse day treatment program designed to serve individuals who meet the RCW definition of gravely disabled. The program is an 8 hour Monday through Friday treatment program (with a 5 hour program Saturday and Sunday if necessary) of direct services. *New Hope* treatment emphasis is on stabilization from chemical dependency, evaluation for mental health issues co-morbidity and mental health treatment, if warranted and accepted. CRMH *Center for Dual Diagnosis Recovery* (CDDR) provides intensive outpatient treatment tracks that allow individualized care for clients with co-occurring disorders.

Mental Health Court

The Mental Health Court (MHC) continues to be one of the CCRNS's key strength in linking mentally ill offenders with the services they need in order to divert them from our crowded jail. The MHC and Alcohol and Drug Courts work closely together to address the prevalent of dually diagnosis offenders. An oversight committee was established in April of this year to facilitate linkages across service systems. Members of the oversight committee include the Department of Community Justice, the Clark County Jail, the Clark County Prosecutor's Office, the MHC Coordinators, County Alcohol & Drug Program, two agencies providing PACT and Intensive Case Management Services, and the Lead Evaluator from the Regional Research Institute at Portland State University.

Consumers in the Mental Health Court (MHC) are provided with a full spectrum of services provided by local mental health agencies. The MHC Intensive Case Management Team is well connected with community services, the mental health agencies and providers, the criminal justice system, and clients. The majority of clients being served in the MHC have a co-occurring substance use disorder, which requires residential and/or outpatient services followed by aftercare and ongoing treatment. Since its operation in April of 2000, the triage team has assessed 380 prospective clients. The program is voluntary, and many eligible clients have chosen not to participate, and to serve out their sentences through the regular court system. Of the 230 clients who have opted into the program, 140 have either graduated or are currently enrolled. This is an on going success rate of over 60%.

The MHC had started off from a 1998 pilot project known as the Dually Diagnosed Assessment and Community Treatment (DDACT) program. The Court is designed to divert offenders with mental illnesses and/or substance abuse away from jails and into appropriate treatment. The Court is consisted of a Judge, Prosecutor, Defender, Court Monitor, Case Manager, and a Court Administrator. The MHC serves those clients who have committed a non-felony, felony reduced, or non-violent misdemeanor crime. In addition, the clients must possess a significant Axis I diagnosis, in accordance with the DSM-IV.

MIRAP (Mentally Ill Re-arrest Prevention)

The CCRSN is in its second year of implementing the MIRAP program funded by a three-year grant awarded from Substance Abuse and Mental Health Services Administration. The program helps to address the critical gap between jail and diversion to an intensive mental health program. As a companion piece to the Mental Health Court, the MIRAP program is able to provide for an immediate contact and services for a mentally ill individual who has been arrested for a crime. The final year of this \$500,000 grant was eliminated and the grant will be closed out effective August 2003.

Clark County Superior Court Drug Court & Substance Abuse Court

The Drug Court (DC) works with felony offenders who have a long history of addiction and criminality. There is unsurprisingly a high percentage of DC clients also have psychiatric disorders. Participants with co-occurring disorders are given intensive case management which produces timely treatment progress reports to the court and works closely with the participant's mental health providers. This collaboration imparts the structure and assists with the intervention necessary for stabilization and eventual program completion. In addition to close collaboration with treatment providers, participants are required to appear for weekly drug testing, probation check-in, support meetings, and court status hearings. Substance Abuse Court provides the avenue for similar services to individuals involved in non-felony offenses.

Positive Start

Positive Start is a unique public health program model for the provision of specialized services to pregnant and parenting low-income women within Clark County who are using alcohol and other drugs. The mission of Positive Start is to reduce the number of babies born drug affected and decrease the impact of drug use on the mother's ability to parent her child. Additionally, the program is designed to improve the health and welfare of pregnant and parenting, substance abusing mothers and their children in Clark County.

Positive Start provides ongoing contact with a chemical dependency counselor, public health nurse and peer mentors to support women in the process of establishing and maintaining a drug and alcohol free life style for themselves and their children. Staff work with clients to enter treatment, become engaged with recovery support groups, attend medical and treatment appointments, establish safe and drug free child care and linking women and their children to other social services as needed. In year 2002, over 22% of the women served in the Positive Start program had co-occurring psychiatric disorders.

PeaceHealth Recovery Northwest

PeaceHealth/Recovery Northwest (RNW) provides chemical dependency treatment for youth and adults who suffer from both mental illness and chemical dependency. Clients are involved in group and individual counseling services. Staffs also provide case management for clients to work with them on ongoing challenges, housing issues, financial problems, and help them access other needed services in the community. During this past year RNW has completed assessments on over 48 adults who qualified for co-occurring treatment and 69 youth. RNW has brought 107 co-occurring individuals into the youth and adult programs and served over 150 individuals with co-occurring disorders in 2002.

Developmental Disabilities/Mental Health Crisis Services

This year, the CCRSN implemented a Developmental Disability (DD) Crisis Stabilization and Diversion Services, operated through Columbia River Mental Health Services, as an effort to provide additional crisis services to prevent unnecessary hospitalizations of developmentally disabilities clients who are experiencing a mental illness. This program is staffed with 1 FTE DD/Behavioral Intervention Caseworker, who provide case management for hard to serve individuals with developmental disabilities that have a mental disorder. There is also a half-time DD Intervention Specialist who provides assessment and evaluation of the individuals with development disabilities in crisis and of the residential environment that may have contributed to the crisis. In addition, this program has priority access for one of the crisis respite beds at Columbia River Mental Health Services. The project is funded by a special contract with Region VI Office of Developmental Disabilities and additional money from CCRSN.

CULTURAL COMPETENCY



According to the 2000 Census, Clark County is one of the fastest growing counties in the country. The newly arrived immigrants, mainly Eastern European or Russian population, constitutes a large part of this growth. Furthermore, we have a high percentage of single heads of households who are women. This presents unique opportunities and challenges to the work of the Cultural Competency Committee.

The Cultural Competency Committee continues to play a major role in promoting cultural competency and culture diversity in the creation and provision of mental health services to people living in Clark County. Its goal is to assure the design, development and implementation of culturally sensitive and competent services and business management processes in the context of the specific diversity represented by the target population and community.

In the beginning of the fiscal year, the Committee developed and implemented several goals as its focus for the year. One is to identify technical assistance needs related to cultural competency in the provider system. Another goal was planning for its annual community-wide cultural competency training. The focus of this year's training was on expanding the meaning of "culture." Prior annual training events have been well attended by mental health professionals, law enforcement officers, advocates, consumers and family members, educators, and other social services providers who work with youth and families from ethnically diverse population. The involvement of youth panel from the Minority Youth Leadership Program brought a unique feature to the annual training. The Committee will continue to include the youth in future training events as overwhelmingly requested by the community.

This year, with the help of our new Quality Manager, the Committee developed a monitoring tool to assess the implementation of the Clinical Practice Standards for Cultural Competency that has been operationalized since 2001. The monitoring tool will be tested as part of the agency file audits by the CCRSN. Furthermore, the committee's continuous recruitment effort of new committee members to capture the diversity of Clark County has been successful. This year, the committee membership has expanded to include representatives from consumer and family groups, Department of Child and Family Services, Minority Youth Leadership Program, and Juvenile Court Services.

RECOVERY VISION FOR CLARK COUNTY

Recovery Vision Statement:

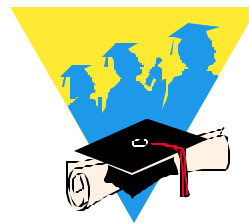
Recovery recognizes each person's unlimited potential. It encourages self-determination through respect, support, meaningful choices and understanding. Recovery is maintained and achieved through a continuum of connected, relevant, supportive, individualized services and is reflected in all related language.

The Principles of Recovery are as follows:

- *All people function on a continuum of wellness and move back and forth on that continuum.*
- *Our expectation is that all people will return to a higher place on that continuum.*
- *Mental illness is an event on that continuum. It does not define the person.*
- *We recognize and value each individual's human experience.*
- *The person receiving the services controls the recovery process.*
- *The mental health system and the person receiving services is a part of the entire community, not a segregated entity. Services offered should be integrated with the community at large.*
- *The mental health system shall recognize the various life domains of each person. Services delivered will connect the individual with the community to enrich each of these life domains. This connection moves the individual higher on the wellness continuum.*

As of 2001, the CCRSN developed policies and procedures requiring all of provider agencies to provide a full range of continuum of crisis, outpatient, residential and inpatient services, designed from a recovery oriented perspective, to all eligible persons living in Clark County. Provider agencies shall provide services and interventions that are strength-based and promote recovery principles and values as outlined above.

Education



Phase II of the Supported Education Project, funded by a Community Action Grant from SAMHSA, came to an end in May of 2002. During the grant year, staff of the Supported Education Project participated in national and state conferences to explain the development of a network of supported education services in Clark County. In May of 2002, all project staff attended by invitation a conference sponsored by the University of Michigan, Ann Arbor, MI. The title of the conference was “*Shifting the lens: A National Supported Education Conference.*” In addition to networking and attending many different sessions, the staff did a 90-minute

presentation entitled *“Implementing a Supported Education Network Through Community Collaboration.”* Sustainability of the work of the grant was another major focus during this fiscal year. As the result, here are some of the major accomplishments of the Phase II of the Supported Education Project:

- Training on supported education was provided to 227 professional service providers that helped create a paradigm shift in perception. Extensive training on supported education and accommodations were provided to consumers and families as well.
- Establishment of on-going funding for supported education services through the development and integration of supported education payment modalities into our providers’ agency contracts. Services are being tracked and monitored on a regular basis.
- Development of a supported education brochure for distribution to all consumers as part of intake policy and procedure so that the consumers are aware of supported education as one option in a range of services provided through the mental health agencies.
- Presentation on the *“Implementation of Supported Education Services in Clark County,”* at the 5th Annual Jean Lough Memorial Symposium: “Recovery and Reintegration.”
- Conducted *“Teaching Individuals with a Psychiatric Disability: A Workshop for Post-secondary Educators.”* This created an opportunity for individuals from colleges to learn about mental illness diagnoses, classroom management technique, and supported education.
- Successful planning and collaboration with the City of Vancouver for the implementation of a community-wide Supported Education Fair 2002. This was the first of its kinds to bring about the awareness of supported education, availability of supported education services in the community, and opportunity for our students and potential students and families members to meet with various schools in our community. The fair attracted over 15 different schools and universities.
- Participation of project staff in a Community Vendor Fair sponsored by the Washington Department of Vocational Rehabilitation and Workfirst Community Resource Fair where they were able to network and inform participants about supported education.
- Planned and implemented a Childcare Information Forum for consumers who had identified childcare as an issue in returning to school. Representative from the Department of Vocational Rehabilitation, the Department of Social and Health Services, and Clark Community College presented information on their respective childcare service/funding programs.
- Presentation on project accomplishments at the NAMI Washington’s Statewide Convention 2002 hosted by NAMI Clark County on the 6th and 7th of September, 2002.

Employment

Clark County RSN continues to work collaboratively with our community vocational rehabilitation providers to maximize employment opportunities for persons with psychiatric disabilities. Our continuous effort to increase the rate of employment for consumers in Clark County is reflected in our involvement in advocating for the Medicaid Buy-in Program. We have expanded consumer employment opportunities both in the provider agencies and in the Department of Community Services. We have increased awareness and the number of participants from Clark County in the Consumer-To-Providers Training Program and provided funding for their field placements in our community. We have advocated for the *Healthcare for Workers with Disabilities* (HWD) program, which help people with disabilities to return to work without fear of losing Medicaid benefits. Unfortunately, this program is anticipated to be eliminated as part of state budget reduction. These actions reflect our mission believing that every person deserves the opportunity to work and be productive, and contribute to the fabric of our society.

Recovery Vision Committee

We continue to have tremendous momentum for maintaining the accomplishments of the supported education grant in Clark County. As the result, a *Recovery Vision Committee* was established in July of 2002. The memberships are composed of the members of the former Supported Education Advisory Group, Mental Health Advisory Board, Quality Review Team, consumers and families organizations, mental health and vocational rehabilitation providers, housing providers, and other key stakeholders to be recruited. The Committee is a stand-alone committee reporting directly to the Clark County Mental Health Advisory Board. The purpose of this new committee is to oversee the implementation of the Recovery Vision in which supported education, supported employment, independent housing, natural supports and strength-based interventions are key components. The work of the committee has been focused on two different levels; the development of policies relating to the implementation of the recovery vision and the development of specific programs that promote recovery. Looking toward the future the Committee will be working on the implementation of the Intentional Care Tool developed by Patricia Deegan, Ph.D., development of a Crisis Peer Support Group, and development of recovery vision indicators for recommendation for inclusion in the Quality Management Plan. These projects were initiated and being lead by the consumers themselves.



“...recovery is a process, a way of life, an attitude and a way of approaching the day’s challenges.” P.E. Deegan

ADULTS/OLDER ADULTS SERVICES

In July of 2002, the Geropsychiatric Consultation Team, a 6-months pilot project funded with reserves/savings, administered by Southwest Washington Medical Center was discontinued as the result of the budget. At the same time, CCRSN responded to the request for proposal from the Mental Health Division to implement the Expanded Community Services (ECS) program. The CCRSN was awarded funding provided by the Mental Health Division to assist in the development of community support services for long term state hospital patients. Four adult ECS clients were successfully placed in either an Adult Foster Home or Congregate care Facility as of December 2002.

With the notice of the closure of the Geriatric Medical Unit at Western State Hospital, the CCRSN worked collaboratively with Home and Community Services staff and other key stakeholders to assist with the discharge planning and development of resources for placements of the geriatric clients who are scheduled to return to the community starting in April 2003. One of the challenges in this effort has been finding a skilled nursing facility that is equipped to handle these difficult to serve clients. Currently, Parkway North in Battle Ground is expected to contract for this specialized service within Region VI.



The local Older Adult System of Care Coalition continues to meet monthly to take a look at system improvement to ensure that complex psychiatric, psychological, social and medical needs of the older adult population are adequately met. The RSN also participate in the “A-Team” (a community team for older adults) led by Home and Community Services. This is a systemic process for coordinating services for clients with complex needs who are served by multiple systems.



HOUSING SERVICES

The 2002 grant award, total \$564,447, from HUD set the stage for the implementation and continuation of several housing projects for the homeless in Clark County. The funding was directed to:

- ❑ **Kauffman Town Homes:** \$354,035 was awarded to **YW Housing** for construction of 10 new townhouses for formerly homeless households with disabilities.
- ❑ **Project Access:** This is a street outreach program that helps homeless single adults with drug/alcohol addictions, mental illness, and chronic, serious health problems. The project is operated by **Share**. A one-year renewal funding of \$61,267 was awarded.
- ❑ **Orchard Glen Transitional Housing:** A one-year renewal funding of \$31,843 was awarded for rental subsidies for ten formerly homeless families in a workforce-housing complex developed by the **Vancouver Housing Authority**.
- ❑ **WISE MOVES:** A one-year renewal funding of \$92,365 was awarded for coordinating case management and supportive services, such as education, transportation, childcare, for 42 homeless families a year. **YW Housing** and **Share** manage the program.
- ❑ **CHANGE (Community Homeless Assistance Network & Exchange):** This is a homeless management information system (HMIS) led by the **Council for the Homeless** for Clark County. The system links shelters and service providers to provide accurate data and more efficient collaboration. One-year renewal funding of \$24,937 was awarded.

Janus Youth Projects

- ❑ **Secure Crisis Residential Center** – This is operated by Janus for runaways who get caught up in the juvenile justice system. This is not a “lock down” unit, but does offer a high degree of controlled movement in and out. The site also serves as a respite care facility for youth already in the System of Care. Of the 10 total beds available, 2 are used for respite.
- ❑ **Non-Secure Crisis Residential Center** – This is also run by Janus for self-referred runaways and DCSF referrals. There are 10 beds with 2 set aside for Mental Health SOC referrals.
- ❑ **Homeless Youth Facility** – This is a new program in Vancouver operated by Janus. Of the 10 beds available, 3 are set aside for youth that can stay for a maximum of 1 month. The

remaining 7 beds are set aside for transitional living arrangements for youth who can stay up to 18 months while they are evaluated and linked with life skills and/or vocational training and/or mental health services. Janus is a facilitator but not a provider of these resources.

New Dreams Project

This 3-year project, started in 2001, is designed to provide housing assistance services to 14 individuals diagnosed with mental illness. The goal of these services is to obtain and maintain permanent housing. Services provided include assistance in finding housing, rent subsidies, and referrals to mental health case management, drug and alcohol treatment services and other support services. The project has been successful not only for the participants, but the project also has developed good relationships with many different landlords through its “friendly landlord network.” The project is managed by Columbia River Mental Health Services.

Projects for Assistance in Transition from Homelessness (PATH)

In December, the CCRSN became one of the sites in the State of Washington to implement the PATH Program to provide community-based services for individuals with serious mental illness who are homeless or at imminent risk of becoming homeless. This new housing program is operated by Mental Health Northwest. A dually trained counselor (mental health and chemical dependency) was hired to provide outreach, case management, and crisis intervention and stabilization services. The goal of such services would be to engage the individuals, to address their immediate housing and treatment needs, as well as to assist them in obtaining other resources as entitlements and vocational counseling.



CRISIS SERVICES

Adult Crisis Services

Crisis services are available to Clark County residents 24 hours per day/7 days per week. A team of professionals currently based out of Columbia River Mental Health Services are contracted to provide support and/or stabilization services to anyone experiencing an emotional crisis or acute mental health problem in this county.

In 2001 the crisis services program began an implementation of a major restructuring process in order to shift focus of treatment from a reactive to a more proactive approach. In order to achieve this goal 2 new crisis case management positions were added while the number of CDMHP (County Designated Mental Health Professional) positions remain unchanged.

In December, the CCRSN sponsored a half day workshop on “*Crises: When Needs Exceed Resources*.” The trainer, Martha Hodge is a well-known national consultant with expertise in crisis services, who provided an overview of crisis services as a pathway to recovery and a community crisis response system. She also shared the basic skills for the case managers and community support workers in assessing crisis and management of safety and risk. The emphasis was the on involvement of law enforcement officers as key partners in developing a community crisis intervention team. The workshop was well attended by staff of the Clark County Mental Health Crisis System, Southwest Washington Medical Center, Emergency Department, Vancouver Police Department, Columbia River Crisis Team, the Clark County Crisis Line, and CCRSN Care Managers.

Children’s Crisis Services

Children crisis services are available 24 hours per day/7 days per week. There has been a gradual but steady increase in both the number of youth served and the number of service hours provided due to improved access for youth created by enhanced collaboration with the school districts in our county.

Based on declining revenues, the CCRSN could not maintain the Mobile Crisis Assignment Team (MCAT) operated by PeaceHealth as this was funded with reserves/savings. As a result, the CCRSN made the decision to consolidate the adult and children’s crisis services into one provider, Columbia River Mental Health Services. The new Children’s Mobile Outreach Team (CMOT) provides a 24-hour crisis intervention and outreach program for Clark County children and adolescents (under age 18) and their families for brief support/stabilization services and/or referrals and assignment recommendations to treatment levels where appropriate.

QUALITY MANAGEMENT

Quality Management Plan

The Quality Management Plan outlines a strategic and systematic process of continuously improving the care for the consumers residing in Clark County and served through the management of the CCRSN. The plan is defined as the coordination of quality planning, quality assurance and quality improvement activities to achieve improvements in mental health care and services for consumers in CCRSN.

The Quality Management Committee

This Quality Management Committee is responsible for developing and implementing the Quality Management Workplan, working with the Quality Review Team and the CCRSN identifying, initiating, and documenting quality improvement activities. The composition of the committee was restructured to include a top-level intact group with membership of executive directors from each major provider, the chairperson from 3 consumer advocacy groups, the ombudsman, the RSN manager, a parent advocate and the CCRSN Quality Manager who facilitates the committee. This structured body will ensure system-wide feedback loops and sponsor cross-system continuous improvement. Since the representatives are in a position to apply resources and pave the way for change, the Quality Management Committee will identify, prioritize and sponsor improvement projects and other changes in the mental health system of care.

In addition to her work on restructuring the composition of the Quality Management Committee, our previous Quality Manager, Shannon Eberhart, revised the Quality Management Plan which was adopted by the Mental Health Advisory Board in January 2002. Shannon developed the Marketing Plan for the CCRSN, which is a state deliverable. In the spring of 2002, Shannon resigned her position and a couple of months were dedicated to finding her replacement.

In July 2002, we welcomed our new Quality Manager, Sela Barker. Sela took on the tasks of revising the Children's Element of Care descriptions in the Clinical Guidelines, revision of the Quality Improvement Work Plan, and development of new performance indicators. One of the major issues facing the committee over the last year was related to managing admissions to Western State Hospital. During the past year we experienced an alarming increase number of ITAs. In collaboration with our key stakeholders, CCRSN developed a Quality Improvement Project to evaluate this identified problem. The goal was to identify causal factors related to the increase in ITAs and to come up with creative ways to divert hospitalization.

We also welcomed Keith Brown, MD who serves as the RSN Medical Director, providing clinical expertise in policy and procedure development, quality management and care

management. Dr. Brown focuses on utilization management and clinical reviews as needs and assists the RSN in assuring our limited resources are allocated to people with the greatest need.

Consumer Complaint and Grievance

As part of its policy, Clark County RSN provides an age and culturally appropriate process to pursue complaints and grievances. When consumers experience a problem with the system of care there will be a clear, simple process for consumers to use to voice and resolve the problem. The process will be explained to consumers in their primary language at their entry into the system, including the availability of assistance for them through the Mental Health Ombuds program. In order to adequately protect consumers of all ages and cultures, particular care and sensitivity will be exhibited at all stages to provide for such diversity. Information from complaints and grievances will be utilized by CCRSN to improve the quality of consumer care. No consumer will experience any retaliation as a result of utilizing the complaint and grievance process. Information about Complaints and Grievances will be reported regularly to the Quality Management Committee.



CONSUMER AND FAMILY VOICE

Consumer Involvement

The Clark County RSN has a long tradition of involving consumers in the planning and delivery of services. The CCRSN provides financial assistance to the local consumer organization, Consumer Voices Are Born (CVAB), that operates the Warm-Line to help fellow consumers who may be close to or in crisis, and to be there when they need someone to talk to. CVAB also operates the Circle of Hope drop-in center for past and present consumers of mental health services. During this fiscal year, CVAB brought Thomas Lane, Chair of the Consumer Council for NAMI, to present on the value of peer support. The event was well attended by consumers and families and professionals. The event was followed by training on “*Lessons in Self Advocacy*,” in collaboration with the Community Empowerment Project. Alan Marzilli, Program Director of National Mental Health Consumers’ Self-Help Clearinghouse in Philadelphia, provided the training. CVAB also initiated speakers series called “*Focus on the Issues*,” which seeks to address issues relevant to a large number of the consumers served. CVAB is represented on the Quality Management Committee, Recovery Vision Committee as well as other system of care committees.

The CCRSN also provides financial assistance to National Alliance for the Mentally Ill (NAMI) Clark County to promote the development and growth of family and/or consumer support groups in Clark County. NAMI Clark County hosted the annual Jean Lough Memorial Workshop. The topic for this year was on “*Recovery and Reintegration*.” In September, NAMI Clark County hosted the NAMI 2002 Washington Convention focusing on “*The Future of Recovery*.” NAMI Clark County helped coordinated workshops featured our local innovative projects, such as the PACT Program, Supported Education, MIRAP, Connections Program, and Intensive Case Management. The CCRSN provided a grant in unrestricted funds to help defray part of the cost of the conference and provided scholarships for consumers and families to attend the conference as well. NAMI is represented on the Quality Management Committee as well as other system of care committees.

Mental Health Ombudsman

The Mental Health Ombudsman works on behalf of people accessing mental health services in Clark County by providing rapid response to their complaints and grievances. During this fiscal year, we have seen several initiatives taken within the Office of the Clark County Mental Health Program. In July of this year, Dale A. Johnson, Ph.D., resigned from his position unexpectedly. Prior to his resignation, Dale Johnson initiated the First Annual Ombudsman Award Ceremony where seventeen awards were presented to consumers, staff and advocates in recognition of their

work to promote services, bring about awareness of mental health issues, and support to consumers.

The summer was dedicated to recruiting for a replacement for Dale. In September, we welcomed our new mental health ombudsman, Dan Josue. Supervision of the mental health ombudsman program was combined with the Regional Long-Term Care Ombudsman, which allows both Ombudsmen to easily discuss cases, identify system problems and work collaboratively on a case by case basis.

Other initiatives led by the Ombudsman's Office is the formations of the Mental Health Ombudsman Volunteer Program, the Mental Health Ombudsman Advisory Board, and the Intentional Care Consumer Steering Committee. The Ombudsman Program is taking the lead in educating and promoting the implementation of the Intentional Care Tool developed by Patricia Deegan, Ph.D.

Dan is a regular attendee of the system of care committees, such as the Quality Management Committee, Quality Review Team, Mental Health Advisory Board, Children's System of Care Policy Council, Recovery Vision Committee, and Cultural Competency Committee. Outreach to consumers was conducted at various consumers and family organizations, residential facilities, and providers' agencies. Dan meets monthly with our Quality Manager to discuss common themes in complaints. The increased involvement of the ombudsman with the local advocate, parent and consumer groups, and memberships in a local community diversity coalition continues to reflect an ability to settle complaints and grievances at the lowest level.

Quality Review Team

The Quality Review Team (QRT) has continued to increase their effectiveness and knowledge to effect system change and engender cooperation and responsiveness on behalf of consumers in Clark County. In 2002, the work of the QRT was focused on several areas: developing and revising policies and procedures and bylaws, membership recruitment, planning and implementation of consumer speakouts and focus group meetings.

In additions, the Quality Review Team continues to work diligently with issues relating to quality of services provided to mental health system consumers in Clark County RSN. This year, the QRT took the lead in planning and holding focus group meetings on the children's mental health services. Results of the focus group meetings were presented to the Quality Management Committee, Mental Health Advisory Board, and the Community of Care Advisory Council. Consumer Speakouts were held and were well attended by consumers and family members. Another focus of their work this past year was related to defining feedback loops between the QRT, Mental Health Advisory Board, and the RSN. The QRT members are actively represented on the Quality Management Committee, Mental Health Advisory Board, and other committees. Their involvement in contracting activities, site visit, and continuous partnership role in the quality assurance will help to ensure consumer satisfaction with the service received.

Mental Health Advisory Board

The mission of the CCRSN Mental Health Advisory Board (MHAB) is to assist and advise the County Commissioners in creating an efficient and quality community mental program, which will help people experiencing mental illness to maintain a respected and productive position in the community. This year the MHAB has taken significant steps in line with its following priorities: mental health services to people in the legal system, services to the elderly, recovery vision, and youth services. The MHAB took the lead in promoting and educating the community on the Vision of Recovery for Clark County.

The MHAB members are actively involved by serving on various systems of care committees, such as the Cultural Competency Committee, Quality Management Committee, and the Older Adults System of Care Coalition just to name a few. The MHAB collaborated with Clark County Substance Abuse Advisory Board to host the second combined 2002 C.A.R.E Awards. Their continuous ability to become well integrated with the RSN system and structure enabled them to effectively and efficiently guide the RSN to continued success in its effort to assist people experiencing mental illness to maintain a respected and productive position in the community.

A Special Note of Thanks to the Board members for their commitment and support in 2002: The Board also welcomed three new members in 2002: *James Mead, Pat McConnaughey, and Judi Borchers.*

Robert L. Fizzell, Ph.D., Chair
David M. Weniger, Vice Chair
Milt McDermott, Ed.D., Member at Large
Quan Tran, Past Chair
John Sturrock
Randall Kleinhesselink, Ph.D.
Lillian Roberts
Val Ogden, State Representative
Tracy Ellen Davies, JD

Special Acknowledgement

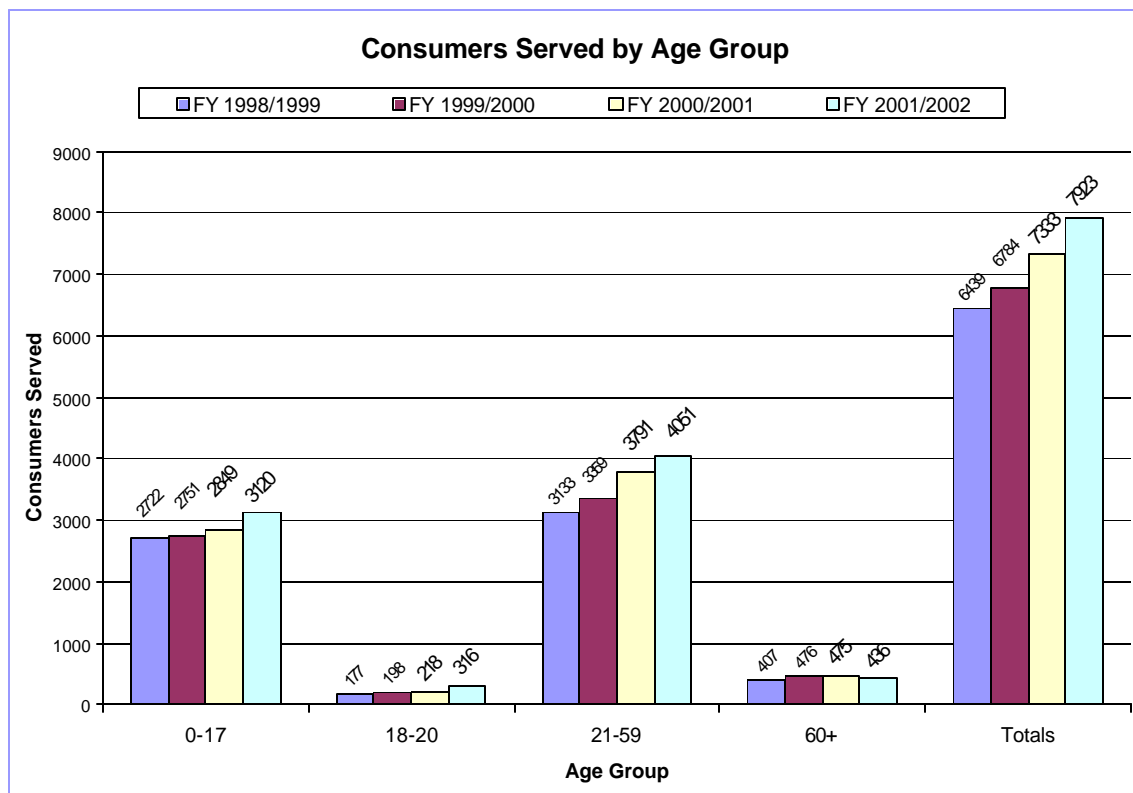
The CCRSN would like to recognize the valuable contribution made for many years by one of our Clark County Mental Health Advisory members, John Sturrock to the Clark County Mental Health System. John passed away on June 2, 2002. He had served for many years on the Mental Health Advisory Board, was both a member and Chair of the Quality Review Team, and actively represented the consumers on a number of committees. He had just the night before his death participated in a "Speak Out" which was hosted by the Quality Review Team to get feedback from consumers and families about the strengths and weaknesses of the mental health system. John was a strong advocate for the recovery vision model and worked diligently to make sure that the CCRSN services were responsive to the unique needs of consumers. He will be missed very much. We would like to thank John and his family for his dedication, commitment, and significant contributions on behalf of all consumers.

DATA REPORTS

WHOM DID WE SERVE?

CONSUMERS SERVED

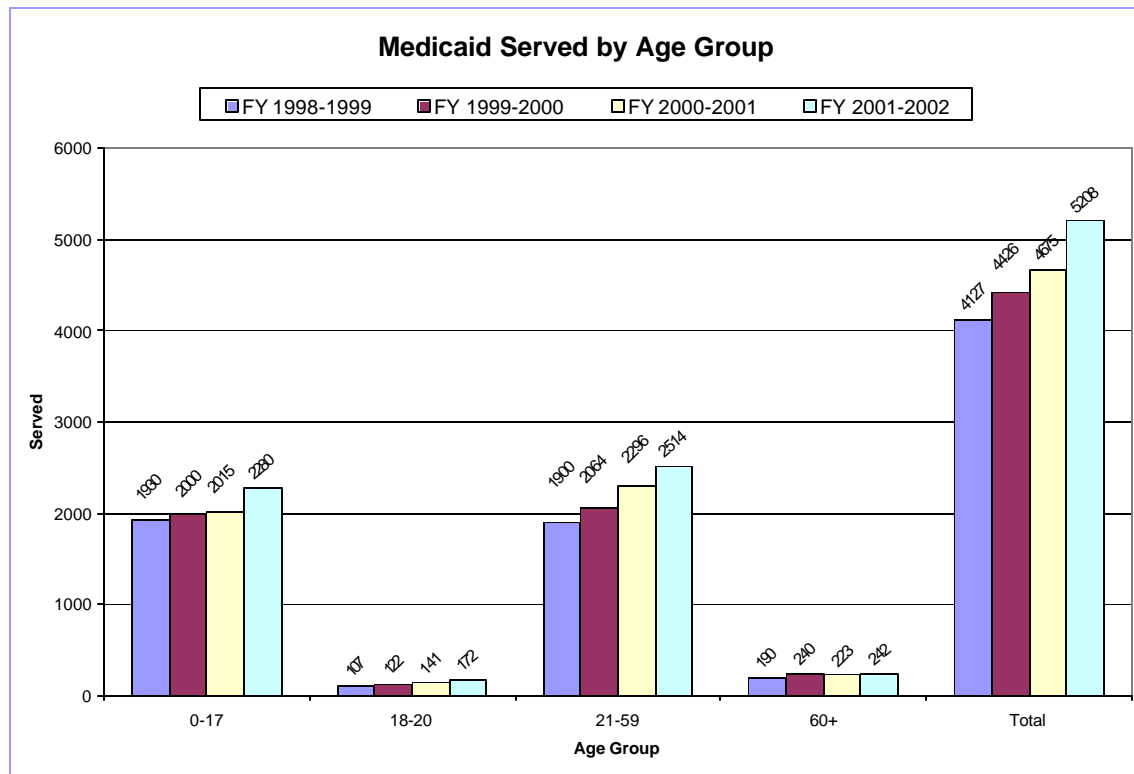
The total number of people served is an unduplicated count of all individuals who received one or more services during the 1998-2002 periods.



Conclusion: Clark County RSN continues to increase the number of consumers served each fiscal year. Each age group category has grown this year with the exception of the 60+ age group that has decreased by 36 consumers or 8% from last year.

MEDICAID SERVED

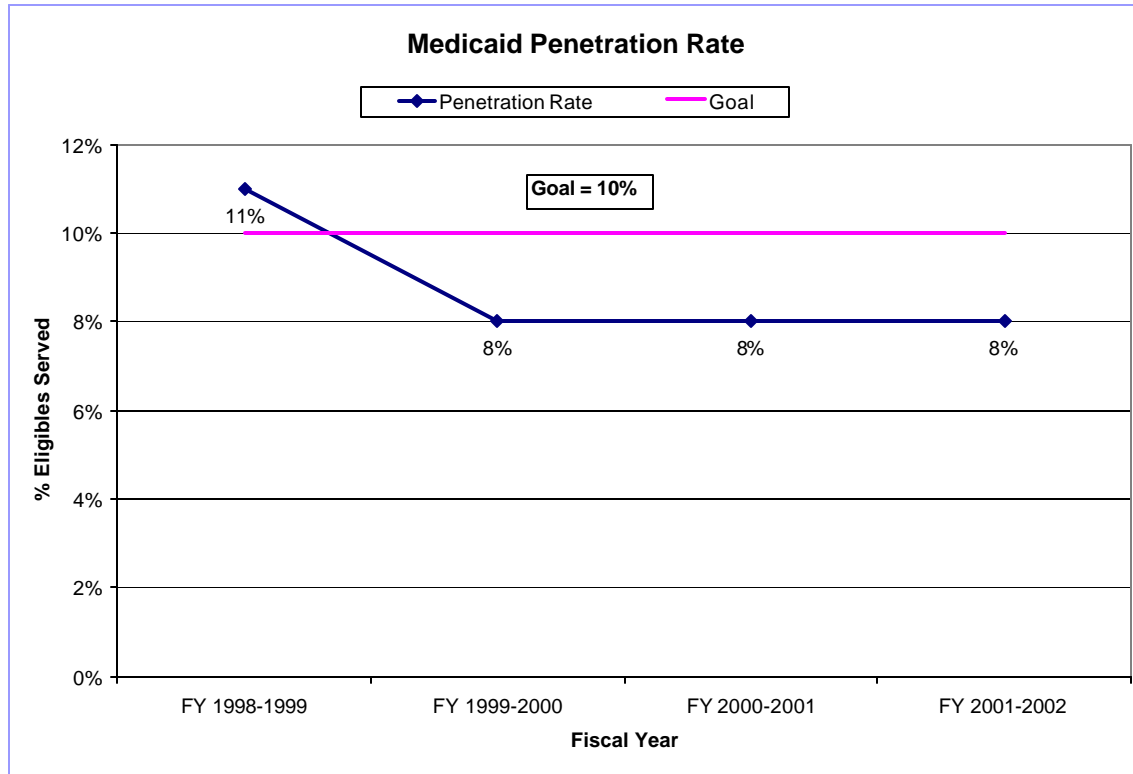
The Pre-paid Health Plan (PHP) is expected to provide services to Medicaid beneficiaries, low-income individuals with serious and persistent mental illness, and youth dealing with severe emotional disturbances. This shows the number of Medicaid beneficiaries who receive at least one service during the fiscal period 1998-2002.



Conclusion: Clark County RSN has shown steady growth in the numbers of Medicaid Eligibles served. Each year a significant increase in our population is reflected in these numbers.

MEDICAID PENETRATION RATE

The Medicaid Penetration Rate is an indication of how well we are reaching the population of Medicaid beneficiaries with our services. This measures the percentage of Medicaid beneficiaries who received at least one service during the periods of 1998-2002.



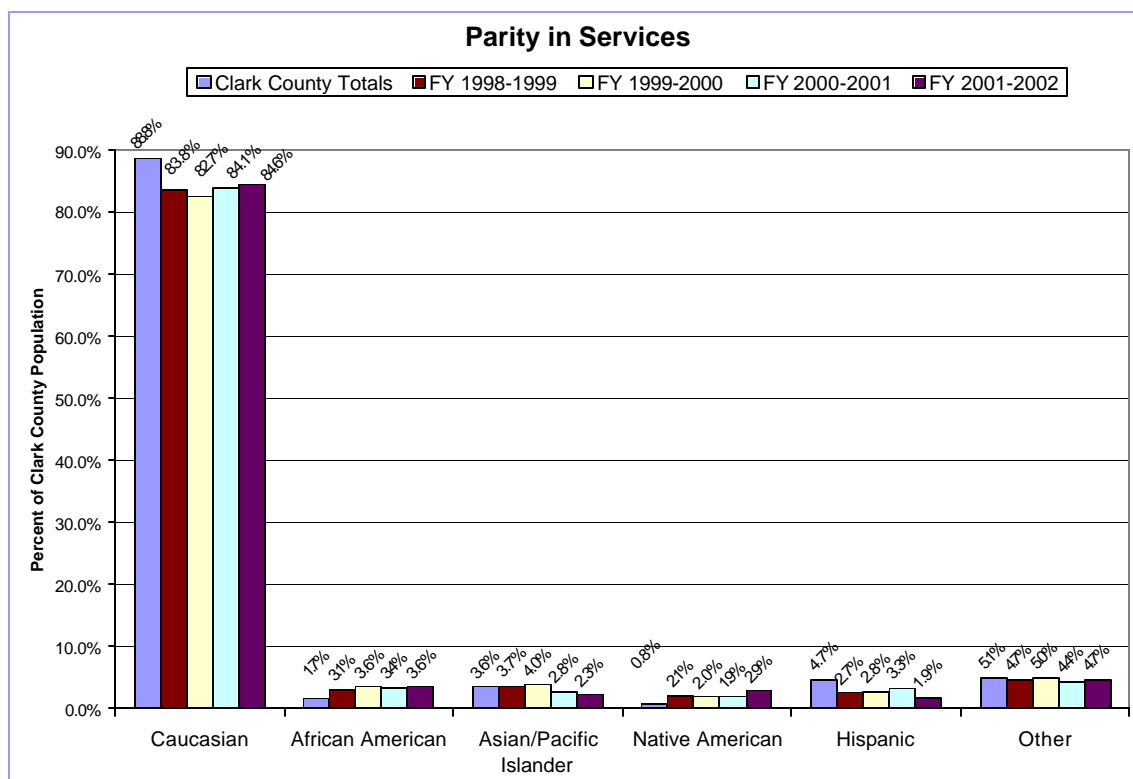
Conclusion: The Medicaid Penetration rate has remained stable over the last three fiscal years. Although the percentage has not increased towards the goal of 11% the numbers of those eligible and those receiving services has continued to climb each year.

PARITY

Residents of Clark County represent a diverse population. By comparing the prevalence of specific ethnic groups in the general population with those seeking mental health services, we can measure parity of services from the perspective of ethnic diversity.

The most recent estimates of ethnic groups in Clark County population are as follows:

93% Caucasian
 2% African American
 4% Asian/Pacific Islander
 1% Native American
 4% Hispanic

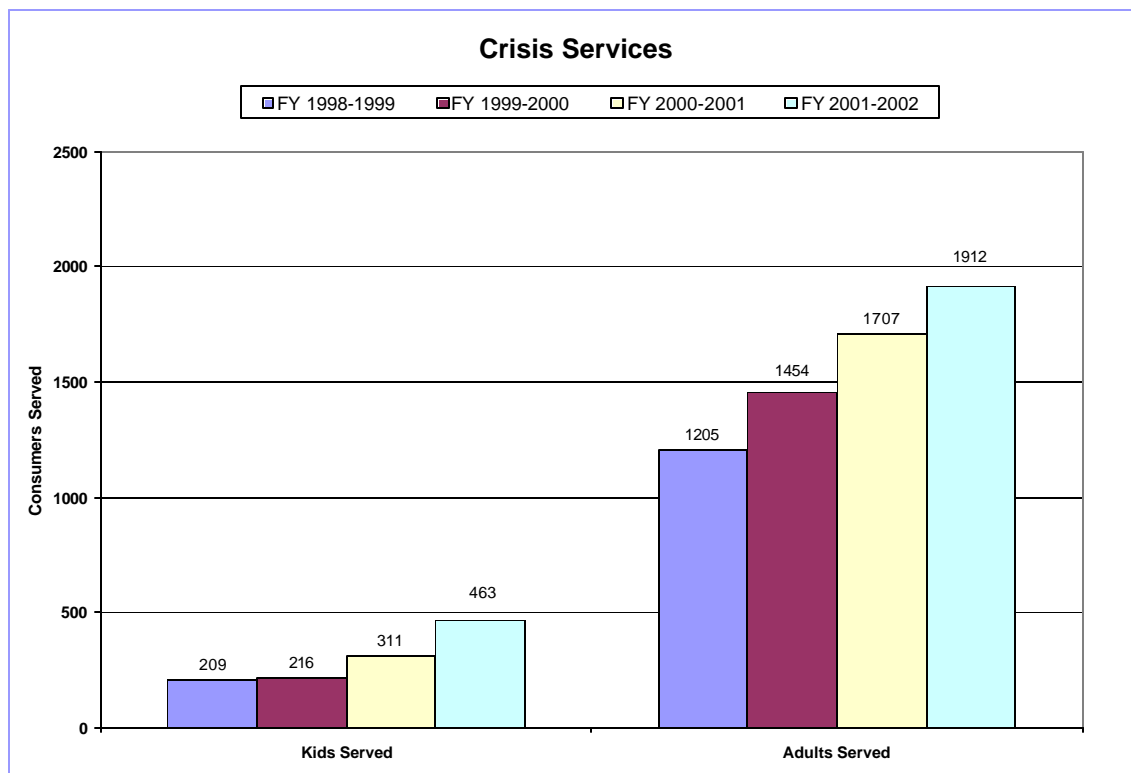


Conclusion: The percentages above represent the ethnic make-up of the consumers served in our system since 1998. Clark County RSN is currently serving most of the ethnic minority populations at rates that are approximately the same or slightly above the indicated prevalence in the general population of Clark County.

HOW DID WE SERVE THEM?

CRISIS

All individuals regardless of income or insurance coverage are eligible to receive crisis services. These services are available to Clark County residents by a team of professionals, many of whom are trained in the Involuntary Treatment Act regulations, who assist people that are experiencing an emotional crisis or an acute mental health problem. Crisis response is available 24 hours/day, seven days/week. Team members provide brief support and stabilization in the community, emergency medications, and respite.



Conclusion: Clark County RSN continues to increase its provision of crisis services throughout the community. As indicated in the chart, the services for children have increased by 18.9 % over last year compared to adults served, which increased by 12.1%. This is due to the redesign of the crisis delivery system for children. The services now reach a broader group and provide a more intensive service for crisis management.

OUTPATIENT

CHILDREN'S SERVICES

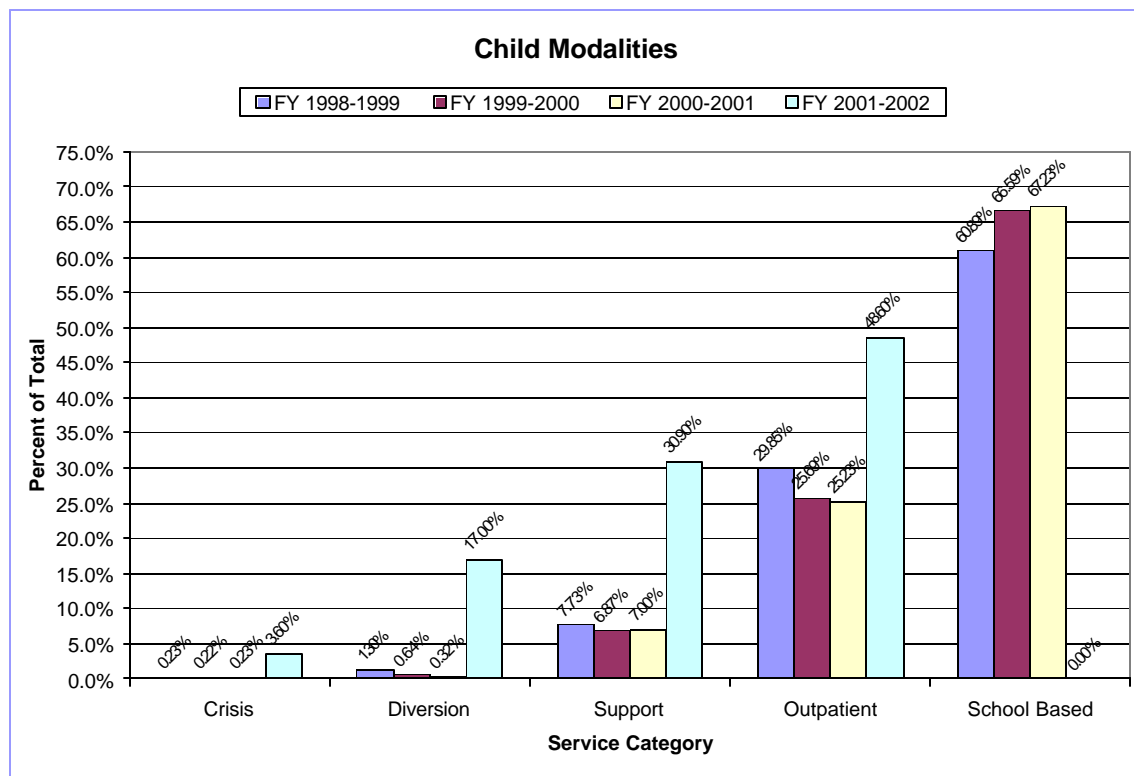
Outpatient Services include: Intake, Individual Treatment, Family Therapy, Group Treatment, Medication Management, Therapeutic Telephone Contacts, Dialectical Behavioral Therapy and Aftercare Support.

Support Services include: Case Management, Behavioral Skills Training, Interpretation, Special Population Evaluations and Consultations, Team Wrap-Around activity.

School Based Services include: All services provided to students at the school.

Diversion Services include: Stabilization and Respite Beds.

Crisis Services Include: All face to face services provided by the crisis team.



Conclusion: Children's Mental Health System Redesign moved the resources from school based services to their modalities, which gave more flexibility to serving kids at all locations including the schools.

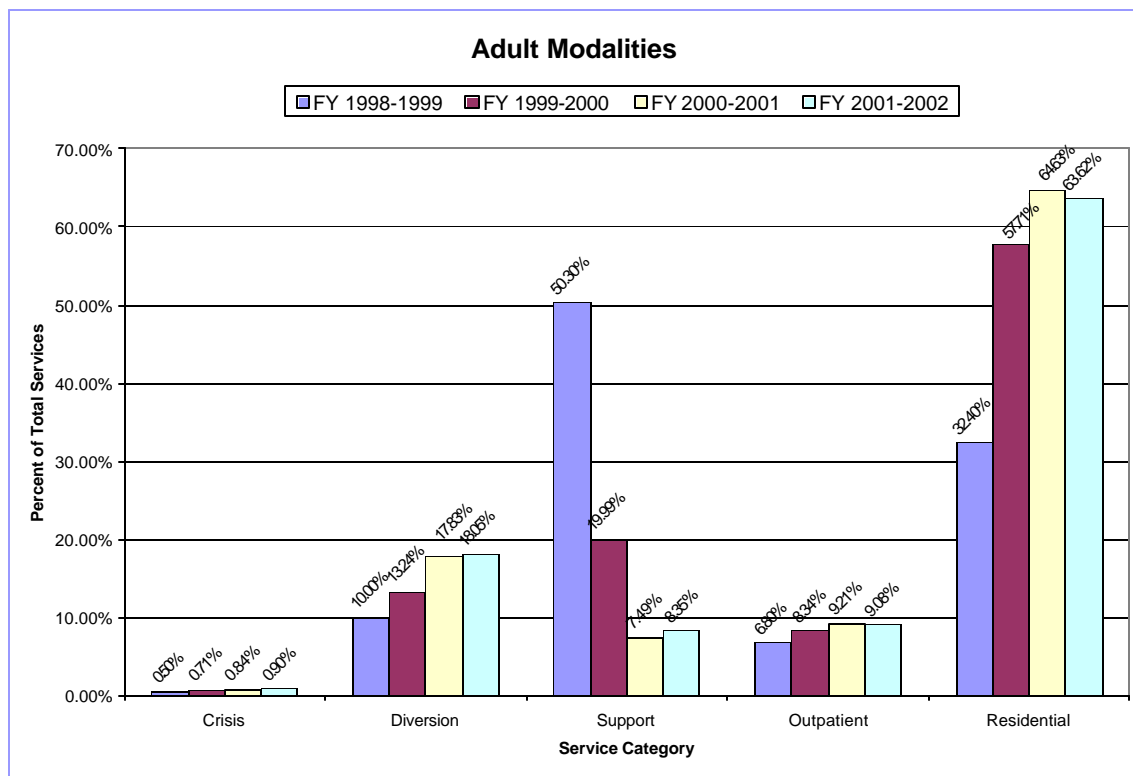
ADULT SERVICES

Outpatient Services include: Intake, Individual Treatment, Family Therapy, Group Treatment, Medication Management, Therapeutic Telephone Contacts, Dialectical Behavioral Therapy and Aftercare Support.

Support Services include: Case Management, Behavioral Skills Training, Interpretation, Special Population Evaluations and Consultations, Team Wrap-Around activities and Supported Employment.

Diversion Services include: Crisis and Respite Beds, ADAPT, Imminent Services and Hospital Alternative.

Crisis Services Include: All face to face services provided by the crisis team.

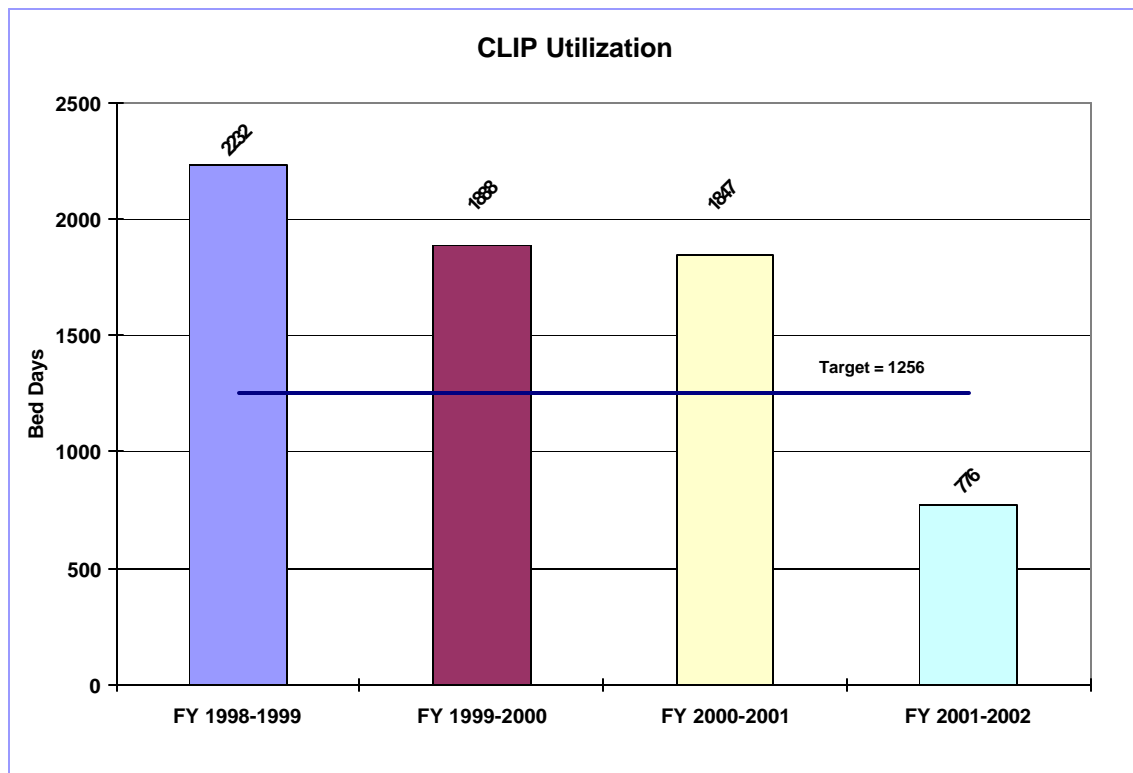


Conclusion: Adult modalities remained consistent with the prior year.

INPATIENT

CLIP – Children’s Long-Term Inpatient Placement

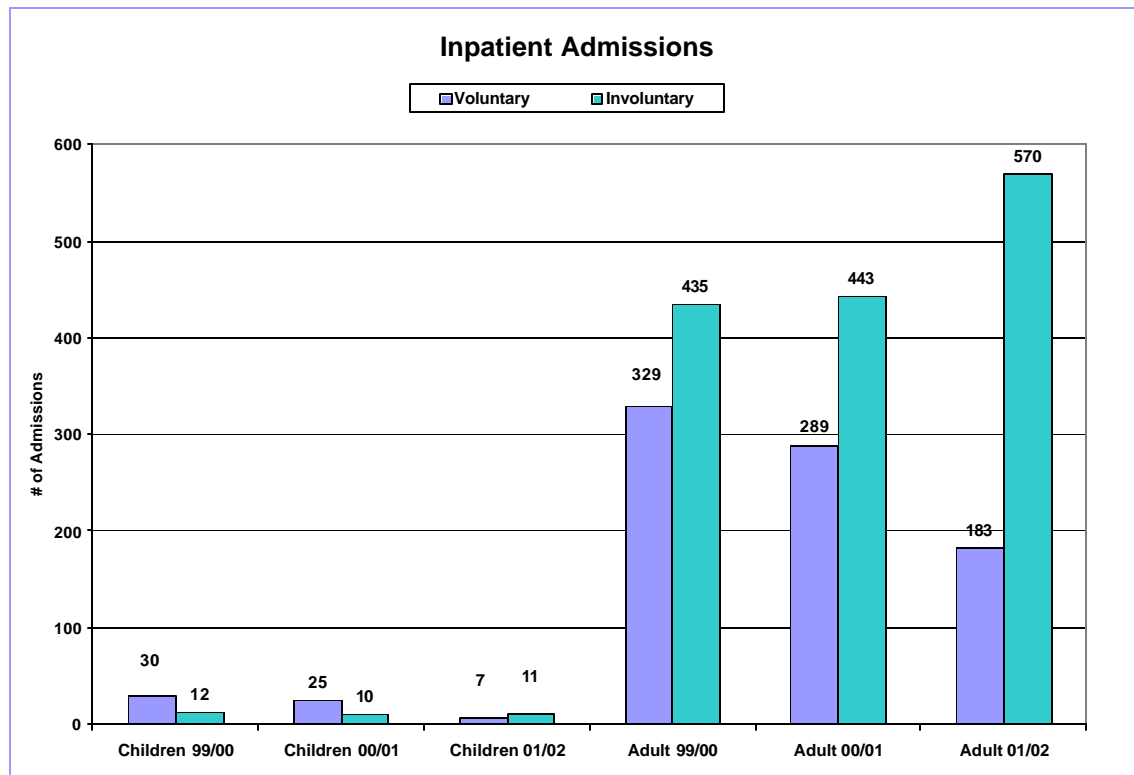
The number of children in CLIP beds is limited by the State of Washington. Therefore, it is important that we have a wide spectrum of acute and intensive services that will allow for treatment of these children in Clark County. The creation of crisis stabilization services for children has helped reduce the number of children admitted to CLIP facilities.



Conclusion: One of the Children’s Mental Health System Redesign goals was to limit hospitalization for children and to serve them in the community. The significant reduction in CLIP bed days shows the progress towards that goal.

COMMUNITY HOSPITAL ADMISSIONS

The primary resources for acute inpatient hospitalizations are Southwest Washington Medical Center and Western State Hospital.

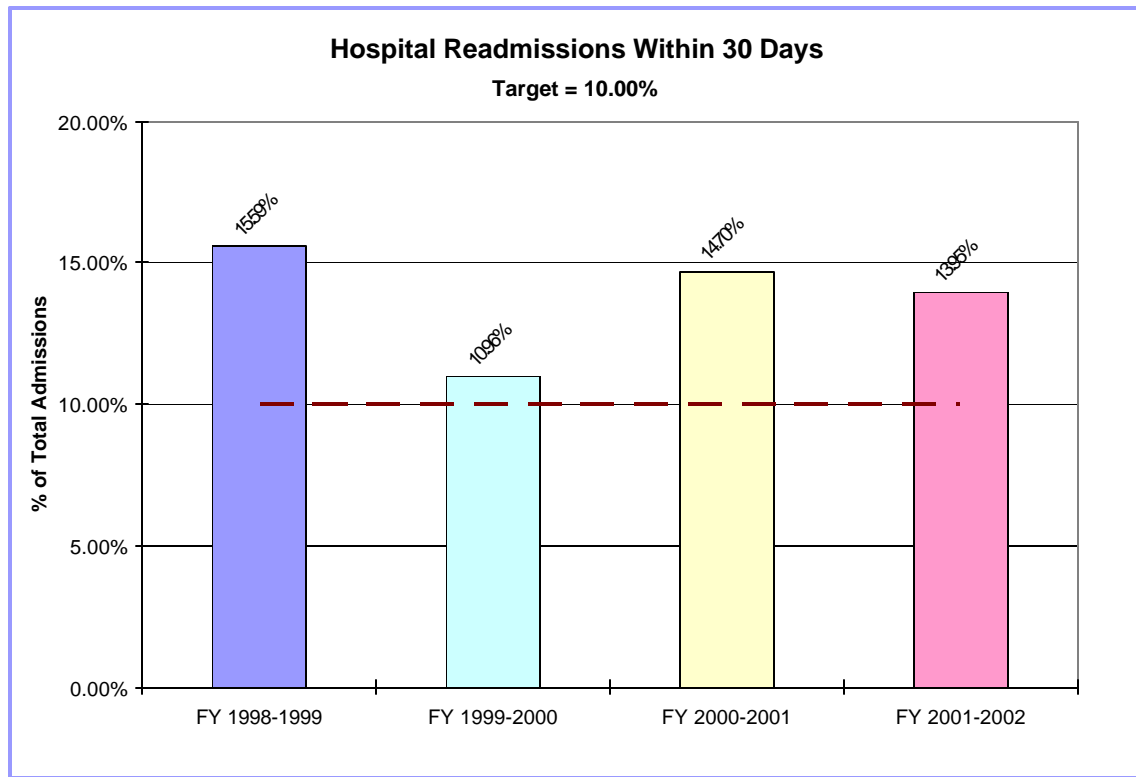


Conclusion: 57.1% reduction in children hospitalization over the 3-year period, which is one of the goals of the Children's Mental Health Redesign. As for the adult population, the total hospitalizations have remained consistent over the 3-year period. However, the percentage of voluntary has significantly decreased while ITAs have increased. A Quality Improvement Project was initiated by the end of the fiscal year to identify possible root causes of an increasing trend of involuntary detentions and hospitalizations.

COMMUNITY HOSPITAL READMISSIONS

Treatment at the least restrictive but most effective level of care, favoring community based over facility based services is a goal of the PHP. Psychiatric acute inpatient care remains essential for those patients requiring high-security and high intensity of treatment for conditions that are imminently life-threatening to self or others.

Inpatient hospital stays at acute care facilities are closely monitored to ensure service recipients are receiving quality treatment, stabilization and adequate discharge planning to maintain their level of community functioning.

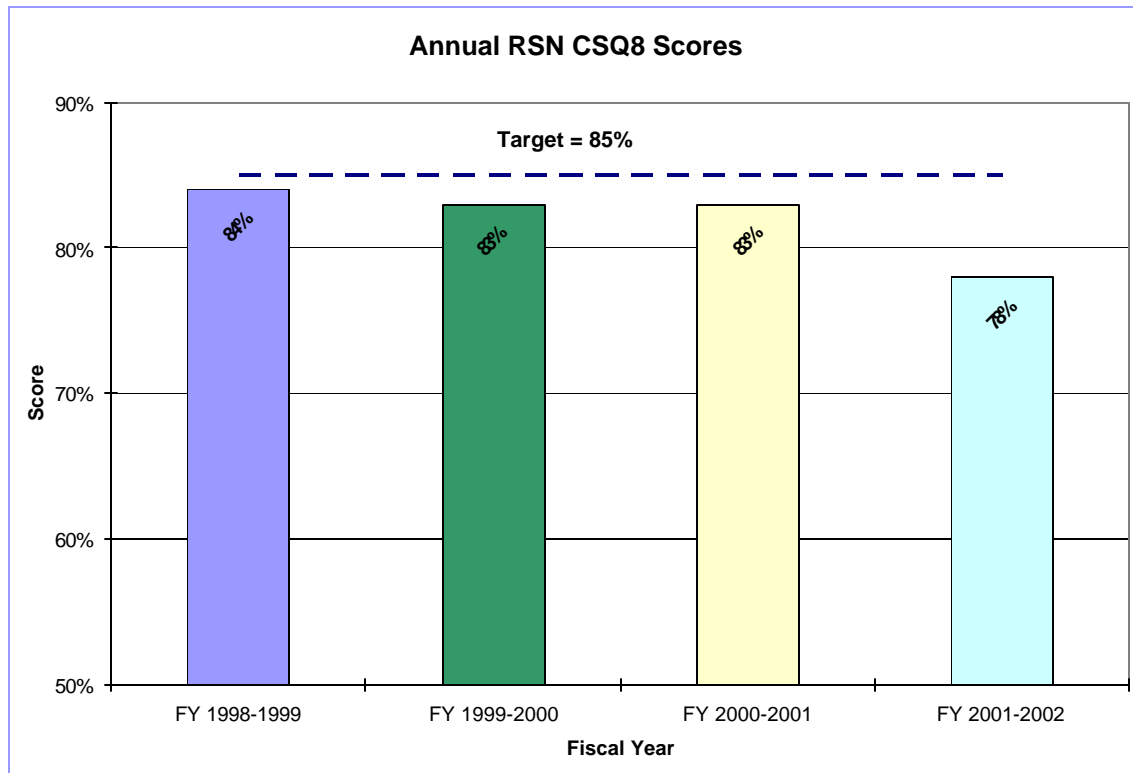


Conclusion: The number of consumers that were readmitted to the hospital within 30 days has remained consistent over the past 3 years.

HOW DID THEY FEEL ABOUT THEIR SERVICES?

CONSUMER SATISFACTION

A consumer in the public sector is less likely to have alternative mental health service provider options than an individual with private coverage. As such, the public consumer may not feel free to express dissatisfaction with the only mental health services available to them. Therefore, it is necessary to establish sensitive and accurate ways of obtaining satisfaction feedback from these consumers. The consumer satisfaction tool, CSQ-8, is a self-reporting questionnaire constructed to measure satisfaction with services received by individuals and families. These scales have been broadly adopted, nationally and internationally. Administration of the tool is relatively straightforward. Surveys are mailed to recipients randomly.

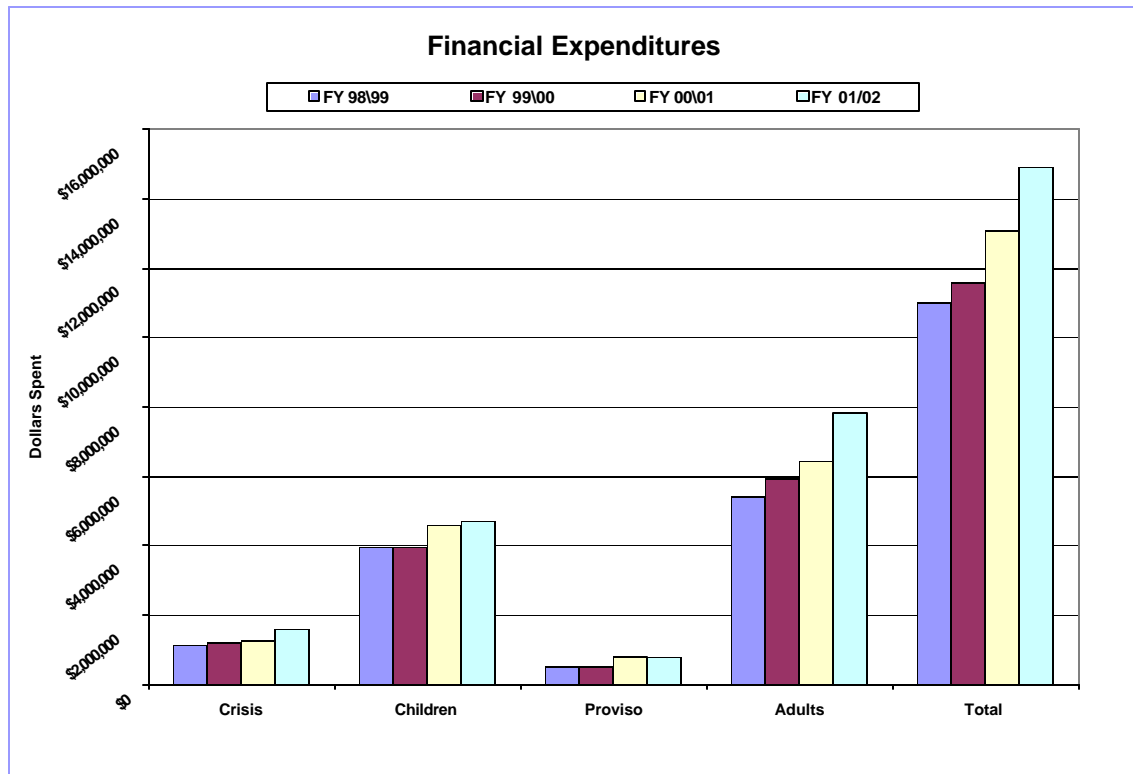


Conclusion: Consumer satisfaction scores have decreased by 5% during this fiscal year. The response rate was lower than in previous year and was not a reliable indicator for measurement. We have consulted with the Portland State University to identify ways to increase the overall response rate for future. CCRSN has set a goal of 85% for all providers; this continues to be a performance measure in agency contracts.

HOW MUCH DID WE SPEND?

EXPENDITURES BY CATEGORY

Careful management of the costs of publicly funded mental health services ensures that all eligible consumers receive the treatment and support that they need. Savings from the PHP are reinvested into new and enhanced mental health services to improve the array of services offered by our providers.



Conclusion: Overall, in fiscal year 2001/2002, total expenditures for the CCRSN has consistently increased from the prior years. Budget is sensitive to state and federal funding.

STAFF

CCRSN Staff

CCRSN Leadership Team

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Connie Mom-Chhing, MPA

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Data Program Coordinator

Kim Varnal

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Stephanie Hair
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Family Information Specialist

Renata Rhodes

Software Project Implementation

Kathleen O'Dwyer

Send us your Feedback

It is our intention that this Annual Report will continue to effectively report on our achievements and identify areas requiring additional effort. To ensure this, we need your comments and feedback. Please direct them to the RSN Leadership Team:

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